

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90137 012 ***150.00

DOCUMENT # 857814

1. Entity Name

GLADIEUX CORPORATION



Principal Place of Business

6600 ROCKLEDGE DRIVE
DEPT 72-928.81
BETHESDA MD 20817
US

Mailing Address

6600 ROCKLEDGE DRIVE
DEPT 72-928.81
BETHESDA MD 20817
US

43041109



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1044801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MCCARTHY, JOHN J
STREET ADDRESS 6600 ROCKLEDGE DR., 6TH FLOOR
CITY-ST-ZIP BETHESDA MD 20817

TITLE VD ☐ Delete
NAME BROWN, BERNARD N
STREET ADDRESS 6600 ROCKLEDGE DRIVE DEPT 72-928.81
CITY-ST-ZIP BETHESDA MD 20817

TITLE D ☐ Delete
NAME POWERS, CHARLES E
STREET ADDRESS 6600 ROCKLEDGE DRIVE DEPT 72-928.81
CITY-ST-ZIP BETHESDA MD 20817

TITLE SD ☐ Delete
NAME BABIN, LAURA A
STREET ADDRESS 6600 ROCKLEDGE DR., 6TH FLOOR
CITY-ST-ZIP BETHESDA MD 20817

TITLE T ☐ Delete
NAME RATYCH, MARK
STREET ADDRESS 6600 ROCKLEDGE DR., 6TH FLOOR
CITY-ST-ZIP BETHESDA MD 20817

TITLE AS ☐ Delete
NAME SANDERS, SADYE C
STREET ADDRESS 6600 ROCKLEDGE DRIVE, 6TH FLOOR
CITY-ST-ZIP BETHESDA MD 20817

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sadye C. Sanders

SADYE C. SANDERS

4/28/04

(240) 694-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #